

# Montana Central Tumor Registry Newsletter



MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

## 2010 Cancer Data Collection: What's in store for registries?

There are many changes planned for reporting of cancer cases diagnosed and reported in 2010. All of the new and updated manuals, fields, and rules are effective for cases diagnosed on or after January 1, 2010.

### What's New:

- **AJCC Cancer Staging Manual 7th Edition**—new chapters are added and TNM field lengths are expanding from 2 to 4 characters.
- **Collaborative Stage Data Collection System (CSv2)**—are based on AJCC 7th edition. CSv2 is not yet available but the MCTR will notify you when it is available online. The manual is too big to print so the MCTR will not be sending you one.
- **Multiple Primary and Histology Coding Rules**—changes consist primarily of clarifications and corrections.
- **Hematopoietic and Lymphoid Neoplasm Rules**—will implement new rules for reportability. There are a few new reportable cases. There are 3 types of histologic behavior codes previously coded as /1 that are now /3 and required to be reported (9831, 9751, and 9975). These will need to be added to your ICD-O-3 manual.
- **Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB)**—this database will be online and will include reportability instructions with guidance on how to abstract, code, and determine multiple primaries for hematopoietics.
- **Record length and record layout**—the data exchange record layout has expanded from 6,694 to 22,824 characters.
- **New/changed data items**—there are 126 new data items some of which will not be required. The MCTR will let you know what's required.

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## Meet the Registrars, Nancy Chaffin and LaDonna Shepard



### Nancy Chaffin

Greetings from Missoula! My name is Nancy Chaffin and I have been employed at St. Patrick Hospital since 1980. My first job was as a secretary/transcriptionist for the radiation therapy department, a position I held until 2000. At that time I was asked if I wanted to help LaDonna in the Cancer Registry Department and I agreed, then asked what exactly did they do over there! I initially started helping out part-time with follow-up and then started learning about casefinding and abstracting. I earned my CTR in 2003 and started working in the registry full time. I joined MCRA in 2000 and have served as the Secretary/Treasurer and am the current Vice President/President Elect.

I am originally from Butte but have lived in Missoula for many years. I have been married to my husband, Jim, for 30 years. We have one son, James, who is 22. I enjoy cooking, golfing and gardening in my spare time.

### LaDonna Shepard

My name is LaDonna Shepard and I have worked at St. Patrick Hospital for 24 years. I initially started in the Food & Nutrition Department. In May of 1994, I took the position as the Cancer Registrar in Medical Records; I had no clue what I was doing and no one else in that department really did either. The Cancer Registry position later was moved under the Radiation Oncology department and we began our work to become a certified Cancer Program. I became a CTR in September of 1996 and we were approved in 1998 as an accredited Cancer Program by the American College of Surgeons, Commission on Cancer. I have held many positions in the Montana Cancer Registrars Association; currently I am the Past-President & Web-master.

When I am not at my job, I am busy with my 3 kids Levi age 14, Lindsey age 12 ½ & Carson age 6 ½. They all enjoy sports and play football, basketball, volleyball & baseball. When we are not running to the next sports event we enjoy watching movies, camping & hanging out at the lake.

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## FTS Notice

For those of you who use registry software (RMCDS, Impac, Metriq, or Oncolog) and submit your data files to the Montana Central Tumor Registry through the State of Montana File Transfer Service (FTS), you should receive a "Receipt" notice that the MCTR has received and downloaded your data file.

We want to be assured that we are receiving your electronic data files. If you send a data file to the MCTR through the FTS and don't receive this notice, please call the MCTR office to find out if we received it.

Remember to always send the data files to all 3 MCTR staff: Debbi ([dlemons@mt.gov](mailto:dlemons@mt.gov)), Diane ([ddean@mt.gov](mailto:ddean@mt.gov)), and Paige ([paigejohnson@mt.gov](mailto:paigejohnson@mt.gov)). If you have already made arrangements with Janae for follow-up exchange, please continue to do that.

As many of you have experienced, the FTS notifies you every 5 days that the file has been submitted and will be deleted in 15 days. Those will continue and they are normal. You can delete that notice when it comes in your e-mail.

## Congratulations Bozeman Deaconess Cancer Center!



Bozeman Deaconess Cancer Center has just been notified by the American College of Surgeons (ACoS) that it has received its 3-

year accreditation with commendation.

Bozeman Deaconess Cancer Center joins 5 other ACoS accredited hospitals in Montana: Sletten Cancer Institute/ Benefis Hospital in Great Falls, Billings Clinic in Billings, St. Vincent's Hospital in Billings, St. Patrick Hospital in Missoula, and St. Peter's Hospital in Helena.

## Q & A

**Question:** What is CS TS/Ext-Eval code when a patient has a TURP for prostate cancer or TURBT for bladder cancer?

**Answer:** 1.

According to AJCC, staging basis for TURP and TURBT is clinical and is recorded as CS TS/Ext-Eval "1".

**Source:** CS Manual, page 434 (Note 4)(prostate) and page 467 (Note 1) (bladder).

## Certificate of Excellence Recipients

The following hospitals received a certificate for the 2009 Third Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months. Not only are more hospitals receiving certificates, Dermatology offices are now reporting to the MCTR and are doing a good job with reporting on time!

Hospital	City
Northern MT Hospital	Havre
Billings Clinic	Billings
St Vincent's Hospital	Billings
Kalispell Regional Hospital	Kalispell
Yellowstone Path Institute	Billings
St Peters Hospital	Helena
Dermatology Provider Office of Great Falls	Great Falls
Dermatology Associates of Kalispell	Kalispell
Advanced Dermatology of Butte	Butte
Tallman Dermatology	Billings
Associated Dermatology of Helena	Helena



## 2010 Changes Continued

### New Data Items

- **Date Flag Fields**—Flags are used to explain the reason why a date may be blank, 0's, 8's, or 9's.
- **Date Case Completed**—This field is autocoded by software.
- **RX Hosp—Surg App 2010**—This item describes the surgical approach used for the most definitive surgery (robotic, laparoscopic, and open). It is not the same as surgical approach.
- **RX Summ—Treatment Status**—This item provides a way to record “watchful waiting” as a form of treatment.
- **Date Case Initiated**—This item records the date the electronic abstract is initiated in the registry and is autocoded by software.
- **Inpatient Status**—this item records whether there was an inpatient admission for the most definitive therapy.
- **Path Reporting Fields (5)**—There are several pathology-related fields including Facility ID, Path #, Physician License, Ordering Facility, Date Specimen Collected, and Path Report Type.
- **Grade Path Value and Grade Path System**—These data items are applicable for cases which the path report uses a numeric (rather than alpha) method of describing grade.
- **Lymph-vascular Invasion**—This item is used to record whether or not lymph-vascular invasion is present.
- **CS Mets at DX**—These items identify the sites of metastasis.
- **CS Site-Specific Factors 7-25**—Additional CS SSF are used to code more information necessary to derive AJCC stage.

### Changes:

- **Expanded Text Fields**—Text fields have been increased to address concerns about text information being cut off during transmission to state registries. Most text fields are been expanded from 250 to 1,000 characters. Histology Title, Primary Site Title, Occupation, Industry have been expanded to 100 characters.
- **Expanded Fields**—Several fields have increasing variable lengths (City (50), Street (60), TNM Fields (4), Class of Case (2), CS Extension (3), CS Lymph Nodes (3), Name Fields (60), No of Treatment Volume (3))
- **Dates**—Changed from MM/DD/YYYY to YYYY/MM/DD (RMCDS users will still see MM/DD/YYYY on screens)
- **Laterality**—Code 5 is added for a paired site with a midline tumor.
- **Race**—Changes are made to “Asian Indian or Pakistani”.

### How to prepare:

- Finish your 2009 cases before starting 2010 cases
- Keep in touch with the MCTR and read what we send you
- Look for e-mails or snail mail packages from the MCTR regarding the changes

### What to expect:

- A new MCTR Abstracting Manual with descriptions of what's newly required and a new reportable list
- For RMCDS users, instructions to convert to the new system and new screens for abstracting
- Links to the CS Manual version 2, Hematopoietic and Lymphoid Neoplasm Rules and Database, and MPH Coding Rules